



For Office Use Only

Received: _____

Staff: _____ Date: _____

P.O. BOX 215, King William, VA 23086
(804) 769-4981 or (804) 769-4923
Fax: (804) 769-4964

Youth Sports "Play-Up" Request Form

I, _____, the custodial parent/caregiver of _____ (child's name)
request that _____ (child's name), age _____, be allowed to play in the
_____ age division for _____ (sport) for the _____ season of _____ (year).

Reason for Request

I realize the inherent and potential danger of such a decision and in consideration of allowing my child to so participate, hereby, for myself, and my dependent, waive and release any and all rights and claims against King William County, the King William County Parks and Recreation Department, its agents, employees and sponsors from any and all injuries, circumstances, and outcomes affecting my son/daughter during the youth sports program specified, sponsored by the King William County Parks and Recreation Department and/or King William County.

Child's name: _____ DOB: ____/____/____

Custodial Parent's/Caregiver's name: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____

Child's signature: _____ Date: ____/____/____

Custodial Parent's/Caregiver's signature: _____ Date: ____/____/____

Parks and Recreation: _____ Date: ____/____/____

Staff Notes: _____
